

Complete Summary

TITLE

Heart failure: percentage of patients with documented periodic monitoring of heart failure symptoms (lung sounds, edema, decreased activity).

SOURCE(S)

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with diagnosed heart failure with documented periodic monitoring of heart failure symptoms (lung sounds, edema, decreased activity).

RATIONALE

Heart failure is a common condition among patients in nursing facilities and is one of the most common reasons for new or recurrent hospitalizations among persons over 65 years of age. Considerable progress has been made during the past decade in providing symptomatic relief for such patients. By implementing the processes and practices outlined in the American Medical Directors Association (AMDA) Heart Failure clinical practice guideline (CPG) and by keeping up with new recommendations for managing heart failure as they emerge, the interdisciplinary

care team can improve the quality of life of patients with heart failure in the nursing facility.

This is one of AMDA's thirty-three suggested quantitative process or clinical outcomes measures for the implementation of a heart failure CPG in a long-term care facility. These measures are based on the four components of the AMDA heart failure algorithm: Recognition, Assessment, Treatment, and Monitoring.

PRIMARY CLINICAL COMPONENT

Heart failure; monitoring of heart failure symptoms (lung sounds, edema, decreased activity)

DENOMINATOR DESCRIPTION

Number with diagnosed heart failure

NUMERATOR DESCRIPTION

Number with documented periodic monitoring of heart failure symptoms (lung sounds, edema, decreased activity)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Heart failure.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Long-term Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Nurses
Pharmacists
Physician Assistants
Physicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Elderly population, generally age 65 and older

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Burden of Illness" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

The population for this measure is vulnerable elder adults residing in nursing homes and residential care settings.

See also the "Burden of Illness" and "Utilization" fields.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

American Medical Directors Association (AMDA). Heart failure. Columbia (MD): American Medical Directors Association (AMDA); 2002. 18 p. [31 references]

BURDEN OF ILLNESS

- The burden of heart failure is enormous and is disproportionately shared by the elderly. Currently, about 4.8 million Americans have heart failure, with 550,000 new cases diagnosed each year.
- The incidence of heart failure increases dramatically with age, approaching 10 per 1000 population after the age of 65.
- Furthermore, heart failure exacts a significant toll on mortality. It has been estimated that heart failure causes or contributes to about 287,000 deaths per year. Survival is poor, with only 50% of patients surviving longer than five years. Also, the sudden cardiac death rate is 6 to 9 times that of the general population.

EVIDENCE FOR BURDEN OF ILLNESS

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

UTILIZATION

Heart failure accounts for hundreds of thousands of hospitalizations each year. Between 1970 and 1994, the rate of hospitalizations for heart failure increased more than three times among those age 65 and older.

EVIDENCE FOR UTILIZATION

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

COSTS

Costs for heart failure are staggering, estimated at \$37.8 billion in 1991. This figure includes \$23.1 billion for inpatient care (including physician and professional fees, laboratory charges, and pharmacy costs), plus \$14.7 billion for outpatient care. If the cost for heart transplantation is added, the estimated total healthcare cost for heart failure in 1991 was \$38.1 billion.

EVIDENCE FOR COSTS

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Number in the facility with diagnosed heart failure

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number with diagnosed heart failure

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

Institutionalization

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number with documented* periodic monitoring of heart failure symptoms (lung sounds, edema, decreased activity)

*Note: "Documentation" refers to whether the procedure/discussion was indicated/done or not indicated/not done.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with documented periodic monitoring of HF symptoms (lung sounds, edema, decreased activity).

MEASURE COLLECTION

[Heart Failure Measures](#)

MEASURE SET NAME

[General Process Measures](#)

MEASURE SUBSET NAME

[Monitoring](#)

DEVELOPER

American Medical Directors Association

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Medical Directors Association. We care: tools for providers and staff to implement clinical practice guidelines [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2003. various p.

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with documented periodic monitoring of HF symptoms (lung sounds, edema, decreased activity)," is published in "We Care: Tools for Providers and Staff to Implement Clinical Practice Guidelines." This tool kit can be ordered from the [American Medical Directors Association \(AMDA\) Web site](#).

For more information, contact American Medical Directors Association (AMDA), 10480 Little Patuxent Parkway, Suite 76, Columbia, MD 21044; phone: (800) 876-2632 or (410) 740-9743; fax: (410) 740-4572; Web site: www.amda.com.

NQMC STATUS

This NQMC summary was completed by ECRI on July 5, 2005. The information was verified by the measure developer on August 8, 2005.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small American flag graphic above the "I".

